

BENJAMIN J. CAYETANO
GOVERNOR

DIRECTOR'S OFFICE
DEPT. OF
TRANSPORTATION
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RAYMOND H. SATO
COMPTROLLER

MARY PATRICIA WATERHOUSE
DEPUTY COMPTROLLER

**STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES**

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

March 18, 1999

COMPTROLLER'S MEMORANDUM NO. 1999-09

TO: All Department Heads

SUBJECT: Addendum to Travel Agency Contract Guidelines

This memorandum is an addendum to Comptroller's Memorandum No. 1996-27 and is issued to address the change in procedure for requesting an exemption from the travel guidelines.

Occasionally, employees have been able to obtain rates for airfare, car or hotel that are less expensive than what the travel contractor was able to offer. The traveler may be using a senior discount, frequent traveler program, charter or group rates. It is incumbent on the State to take advantage of any cost savings and make it easy for the traveler to request the exemption.

Request for exemptions may now be submitted using a standard form, please see attached. This form is used only for exemptions prior to the commencement of travel. A completed request includes the signature of the traveler's approving authority. The request form and related documents may be faxed to 586-0707 for expeditious handling.

After-the-fact requests must still be submitted in writing to the Comptroller from the requesting department director.

Please call Bonnie Kahakui, Travel Administrator, at 586-0673 if you have any questions regarding this memo or the Request for Exemption From the Travel Contract form.


RAYMOND H. SATO
State Comptroller

Attachment

REQUEST FOR EXEMPTION FROM THE TRAVEL CONTRACT

T0: Comptroller, Department of Accounting & General Services

ATTN: Travel Administrator (fax # 586-0707)

FROM: _____
(DEPARTMENT/DIVISION/AGENCY)

SUBJECT: Request for Travel Contract Exemption

Proposed Purchase:

Vendor Name: _____ Phone: (808) _____
Contact Person: _____ Description: _____ Price: _____

Justification:

(Attach copy of proposed itinerary and/or confirmation)

Person travelling: _____
Contact person: _____
Telephone: _____ Fax: _____

Date: _____

Approval Recommended by: _____
(Signature)

(Title)

Travel Administrator Recommendation: ☐ Approval ☐ Disapproval
Comments: _____

☐ Approval ☐ Disapproval

Comptroller

Date: _____

c: DAGS/Pre-Audit
(Department Head)